

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

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|---|--|---|--|--|--|--|
| NAME OF COMMITTEE (In Full) Senate Leadership Fund | | | FEC IDENTIFICATION NUMBER ▼ C C00571703 | | | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY | | | | | | |
| Full Name of Payee McCarthy Hennings Whalen, Inc. | | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2016 | | | |
| Mailing Address 1850 M Street NW Suite 235 | | | Amount 15995.13 | | | |
| City Washington State DC Zip Code 20036 | | Transaction ID : SE2 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2016 | | | | |
| Purpose of Expenditure TV/Media Production / Radio Production | | Category/Type | | | | |
| Name of Federal Candidate Ross, Deborah, K, , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought | | | 13049585.39 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee | | | Date of Public Distribution/Dissemination | | | |
| Mailing Address | | | Amount | | | |
| City State Zip Code | | Date of Disbursement or Obligation | | | | |
| Purpose of Expenditure | | Category/Type | | | | |
| Name of Federal Candidate | | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | |
| Calendar Year-To-Date Per Election for Office Sought | | | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 15995.13 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 15995.13 | | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | | |
| Crosby, Caleb, , , Signature | | | [Electronically Filed] Date MM / DD / YYYY 10 / 31 / 2016 | | | |